

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15127**

FILED MAY 6 1953

BIRTH NO.

REG. DIST. NO. **256**PRIMARY REG. DIST. NO. **5879**Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OSAGE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, BENTON TWP				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, BENTON TWP			
c. LENGTH OF STAY (in this place) LIFE				d. STREET ADDRESS (If rural, give location) AUD, MO.			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME							
3. NAME OF DECEASED (Type or Print) EARNEST		a. (First)		b. (Middle) GEORGE		c. (Last) ABENDSCHEIN	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH Sept 13th, 1888	
9. AGE (in years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer		11. BIRTHPLACE (City and State or Foreign Country) Aud, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Abendschein		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lucy Stock Abendschein			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487 - 22 - 2687		17. INFORMANT'S SIGNATURE OR NAME Paul Abendschein ADDRESS St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound in the head ANTECEDENT CAUSES Self inflicted Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Head		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Benton Twp Osage Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 24, 1953 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 30-30 Gun shot in the head			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Anna Moran (Degree or title) Coroner				23b. ADDRESS Box 255, Linn, Mo.		23c. DATE SIGNED 4/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/28/53		24c. NAME OF CEMETERY OR CREMATORY Woods Cemetery		24d. LOCATION (City, town, or county) (State) Chamois, Mo. R D	
DATE REC'D BY LOCAL REG. 4/27/53		REGISTRAR'S SIGNATURE Anna Moran		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morton Funeral Home - Linn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 8 1953

JUN 16 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Vernon M. Morton

Licensed Embalmer No.

4125

P. O. Address

Livingston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.